

JENNIFER M. GRANHOLM
GOVERNOR



STATE OF MICHIGAN
DEPARTMENT OF CIVIL SERVICE

JOHN F. LOPEZ
DIRECTOR

CIVIL SERVICE COMMISSION

SUSAN GRIMES MUNSELL,
CHAIRPERSON
ROBERT P. HUNTER
SHERRY L. McMILLAN
JAMES P. PITZ

VERIFICATION OF DEPENDENT ELIGIBILITY FOR STATE SPONSORED INSURANCE PLANS

Dependents ages 19 to 25 must meet the following criteria in order to be enrolled in State sponsored health, dental, and/or vision plans:

- regularly attending an accredited educational institution,
- unmarried, and
- dependent on you for support, as defined by IRS regulations. This means that the student must be dependent on you for more than half of his/her financial support.

If your dependent meets the criteria above, please complete this form and return it to your Human Resources office, along with a copy of the registration form (or other paperwork verifying enrollment) from the accredited educational institution your dependent is attending. Retain a copy of the completed form for your records.

Please note that falsification of documents constitutes fraud and could require restitution of premiums, loss of insurance, and/or prosecution.

In order for my dependent to be enrolled in my State sponsored insurance plans, I verify that _____:

- is regularly attending school at _____
- is unmarried, and
- is dependent upon me for support as defined by IRS regulations.

Employee's Name (Please Print)

Employee's ID No.

Employee's Social Security No.

Employee's Signature

Date